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WAR TREATMENT OF WOUNDS AND ILLNESSES

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All that I can tell of the wounds and illnesses of the war and of their treatment is the little that I, myself, saw and heard while at the American Ambulance Hospital. Of the methods of treatment being followed in the other war hospitals I know nothing very definite, but in those that are run by American doctors the treatment would of course be practically the same as at the American Ambulance, as far as equipment would permit. As for the French war hospitals, frankly I know nothing except what I gleaned from the men's own remarks about them when describing the way they had received their wounds, and their subsequent painful experiences in field hospital, train and ambulance.

Out on the actual front there are a large number of motor ambulances that pick up the wounded after an action and carry them back a few miles to the field hospitals. It is often a matter of great danger for the ambulance men to get to the wounded; sometimes quite impossible, when the men fall between the lines. The soldiers all carry a little sterile package, (about 4 inches by 6, and 2 inches thick), containing gauze, bandage, and small pad. These packages they are sometimes able to use for themselves as temporary dressings. Tanguy who, according to his own description, "bled like a stuck pig" when first wounded, tied up his own leg, but could not get at the wound on his back which was also bleeding profusely. A comrade, less seriously wounded than he, helped him limp in to the field hospital. There he was patched up, and a few days later put on a train for Paris; eventually he reached the station, was transferred to an ambulance, and so came to the hospital. The day he described that trip from the front, I learned a number of fine French swear words. He said he could never have imagined anything so horrible as the train-ride and the ambulance afterward. The big flesh wound on his right shoulder prevented his leaning against anything or even lying down; he could not lean forward on his knees, because the lower half of his right leg was literally full of shrapnel. Those days of joggling in the train and jolting in the ambulance had pretty well used him up. Sometimes the men would fall between the two lines of trenches, and would have to lie there; one fellow kept himself alive for three days, by sucking the flesh of dead men within reach. There were two men who owed their lives

to a German soldier. They were lying wounded near him for many hours, and exchanged water flasks, etc. By and by a German patrol came along, killing off the wounded. "Lie still," said the wounded German quickly, to the Frenchmen. When the patrol reached them, he pointed to his wounded French comrades and said, "It is all right. I have done what was necessary." The patrol carried him off to his own lines, and eventually the French crawled back to theirs.

The ambulance trains are freight cars, filled with bunks, and to each car is assigned an orderly, who drops off at stations to gather what food he can for his patients. I remember a man with a shattered jaw whose tongue was so swollen he could not swallow, and had consequently been on the train three days and nights without even a drop of water. There were a good many slits in his tongue when the surgeons got through with him, but they saved not only his life, but his tongue and jaws as well.

The most serious case in my ward was Roger, who was one of a squad of fifteen left to guard a house on the outskirts of a village. A shell hit the house and killed nine of the men instantly. One of the least wounded of those remaining, crawled out and finally found an ambulance.

Then there was Frémont who was lying in the bottom of a trench with his head toward the enemy and close against the side of the trench. A piece of shrapnel from a shell that exploded about two hundred yards away from him hit the top of his head, making a neat little hole in his skull. His comrades dragged him out, tied a bandage round his head and left him in the lee of a house. It was early morning and that side of the house was in shadow, but towards noon the sun began to reach him, it became stiflingly hot and the flies were awful, but he could not get away because the wound had paralysed his entire left side. So he lay there all day until at evening some friendly person heard his cries. Frémont was promoted to lieutenant while in the ward and was eager to get back and do his share in killing off a few more "Bosches."

Judging from the men's condition when they came in and from what they told me, the facilities at the field hospital must be very meagre. Apparently no attempt was made to remove bullets or shrapnel, but the wound itself was washed out with peroxide or a weak solution of iodine, and a thick dressing applied. The area around the wound was left untouched. After the wound itself was treated, an injection of anti-tetanus serum was usually given and the man was ready to be shipped to a base hospital.

The shipment and distribution of the wounded is, of course, entirely in the hands of the military authorities who allot the patients to the

various cities and hospitals as they think best. The hospitals send their ambulances down to the station when they hear that an ambulance train is coming in.

The American Ambulance took nothing but straight surgical cases, so I saw nothing of typhoid or dysentery. We did, however, get a good many gas gangrene cases. The gas bacillus grows in the wet earth of the trenches and gets into the open wounds. The pus from these wounds is green and has a particularly offensive odor. The skin in these cases, gets full of compartments of gas and crackles when touched. They must be strictly isolated, because gas gangrene is easily communicated. The cases are treated by incision and drainage through large rubber tubes, with daily dressings and irrigations.

Of general infection I recall particularly one case of a man who had received a slight leg wound. He was dressed at a field hospital and then insisted on going back to the trenches. At the end of twelve days he was so weak with fever that he was sent back. When he reached the American Ambulance he had developed such a severe general infection that there was nothing to do but lessen his sufferings as best we could until he died.

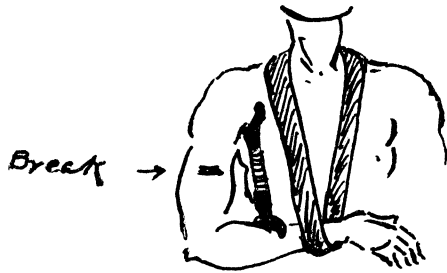
Tetanus cases were very rare, thanks to the serum. Any one who missed getting a dose in his field hospital, got it as soon as he reached us. The first case of frozen foot that came in did not get it, as it did not seem necessary, there being no real wound. But we learned better from him, poor chap, for he developed tetanus within a few days and died.

As the weather got really cold, a good many men came in with frozen feet and of course there was nothing to do, in most cases, but to amputate the frozen portion. The poor fellows would get their feet wet standing in the trenches in the daytime, then at night would come a hard freeze and their feet were done for.

The worst cases, I think, were the shrapnel wounds and infected breaks. Shrapnel scatters so and is so hard to find in the muscle. A bullet hits squarely and tears a hole, and perhaps breaks a bone. Either it runs on out the other side, or it stays there in one little lump that can be taken out, once the X-ray has located it, but shrapnel is a mean thing. It will fill a man full of little bits and odds and ends of metal and stuff until he looks as if someone had shaken it in with a pepper-pot. There was one patient who was a regular iron mine. Every time he was dressed a fresh piece of shrapnel would be found in some utterly unexpected part of his body. Another man had both his feet and his left buttock and thigh so full, that he looked more like a sieve than anything else. His feet had to be cut off, and then every few days

they would give him gas and dig a few more handfuls of clinker out of his hip. He had a very handsome collection (of which he was inordinately proud), ranging from a pinhead in size to a small egg, and all the while, of course, the green and yellow pus kept pouring out of the poor lad's hip, so that in addition to the daily dressing, the nurse had to change him from four to six times a day.

As bad, if not worse, than the shrapnel wounds, were the badly infected fractures. Sometimes it was only the fleshy part which was infected, in a few cases the bone itself. In the latter condition amputation was obviously the wisest course; in the former, the limb could sometimes be saved. Casts and splints being out of the question, the doctors have worked out some very ingenious contrivances for immobilizing the limbs. For a broken humerus, there was an affair made up of two curved ends connected by a spring, made of steel. One end fitted into the armpit and the other fitted over the forearm.



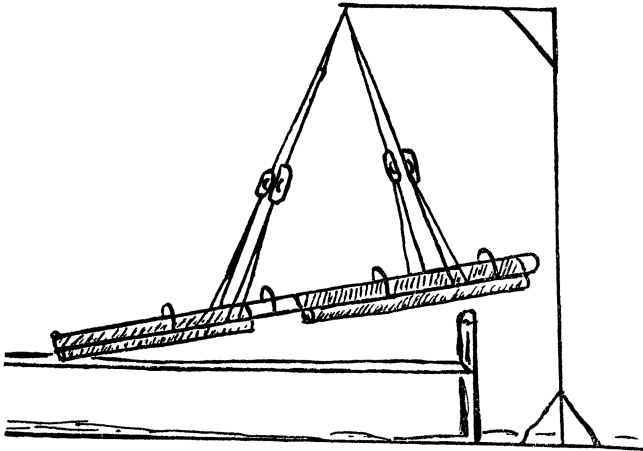
Slight upward tension was made on the wrist, producing resultant tension upon the humerus sufficient to keep the two ends of broken bone in place. I have omitted in this diagram all dressings and padding. It was a fairly simple affair and worked beautifully.

The regular Buck's extension was used a great deal for leg fractures. For an infected knee they had made a canvas swing for the leg, extending from hip to heel. It consisted of two very heavy wire sides, connected by a canvas swing and kept apart by wire braces. The canvas was cut away underneath to allow for dressing, and the whole was padded with cotton. The foot end was elevated by means of pulleys. This made it possible to keep the leg immobilized, and yet do daily dressings and move the patient's trunk.

On his daily rounds in the wards, the doctor takes with him his dressing carriage (to which is attached a special nurse). The carriage contains everything that he will be apt to want, sterile soap and water, a solution of bi-chloride of mercury, sterile gloves, gauze, swabs, cotton sponges, oiled silk (they had no rubber tissue), boric ointment, etc.,

also cotton for reinforcing, bandages, splints, such drugs as balsam of Peru, iodine powder, iodine, iodoform gauze, etc. In addition to these were, of course, the dressing paraphernalia, such as kidney basins and dressing rubbers. Each doctor seemed to do pretty much as he thought best with his cases, although I suppose they must have had consultations with their chiefs.

As with any infected wounds, incisions for drainage were sometimes necessary, dressings were done daily and the wounds irrigated with peroxide, saline or iodine. They used a great deal of iodine powder. For wounds where a large area of skin had been removed, exposure to sun, and skin grafting were practiced as soon as the wound could be made clean enough.



For taking out bullets there was an electric magnet of very high power. A slim steel rod was used either straight, or bent as necessary, to insert into the wound. When it had gone far enough to touch the bullet, the other end of the rod was connected with the magnet and the surgeon slowly withdrew the rod. With a bullet of any size the process was a long one because it would slip off every inch or so and then the rod must be shoved back until you could hear the bullet click up against it again, and so on until the bullet was drawn all the way out. In the case that I watched a bit of shrapnel had penetrated one lung, and was lodged just above the diaphragm. After making several X-ray plates from various sides of the man, they located the shrapnel near the bottom of an incision that had been made for drainage. The process of removing the bullet was pretty painful for poor Sims, but when he saw that the shrapnel was really out of him, he took a stiff

drink of whiskey and walked upstairs as cheerful as if he had just come into a fortune.

The majority of the wounded are strong, hearty chaps, and show a surprising amount of reserve strength and recuperative power, so that they respond very quickly to treatment. The nervous strain of long watching in the trenches, pain from their wounds and anxiety about their families, all combined, produce a state of tension that finds vent sometimes in unmanly proneness to tears; sometimes shows only in the white, drawn look on their faces. Because of these things they should have a particularly long convalescence—but cannot if the war lasts.

During the two months that I spent nursing these men in Paris, I completely recovered from any idea that an offensive war is ever justifiable. Self defense is its only possible justification, because there never could exist conditions of personal abuse, or injustice, or cruelty so limitless and so intense as the injustice, the cruelty and the abuse of person that exist as a necessary part of any kind of warfare. The more “civilized” it is, the worse it is.

From a nursing point of view the work is a bit harder and heavier than in the ordinary hospital ward here in America. The little glimpse that I got into that measureless abyss of misery that is now Europe, has drained the strength from my heart and mind to a far greater extent than I guessed at the time. Yet I’ll always look back with pleasure to those mornings at the Ambulance that began always with a chorus of “Bonjour, Mam’selle,” and a grin that rippled around the ward as I answered: “Bonjour, mes enfants. Ça va?”

SCARLET FEVER

BY ALBERT D. KAISER, M.D.

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Scarlet fever must be regarded by the informed as one of the dreaded diseases of childhood. This is due not only to the fact that an attack may be so severe as to cause death in a short time or give rise to severe complications, but because the hope of recovery, even in mild cases, has proved too often illusory. For its treatment there is no specific remedy; the mastery of this disease must lie in its prevention.

Scarlet fever has been endemic in Europe for centuries. In the seventeenth century this disease was separated from other infectious exanthemata, especially from measles, but it remained for the nineteenth century to differentiate diphtheria, first clinically, later bacteri-